15-03-136-4009

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS

For Other Than An Authorized Committee

RECEIVED 2015 JAN 56 AMIL.

						Office Use Only	91111: Cr
NAME OF TYP COMMITTEE (in full)	E OR PRINT ▼		mple: If typing the lines.	g, type	12FE4M5	CEC MAIL	CENTER
AMERICANS FOR THE	CONSERVAT	ION OF LIE	3ERTY			1	
<u> </u>							
ADDRESS (number and street)	34 COUNTY	ROAD 249					لببب
Check if different than previously reported. (ACC)	GLEN				MS [38846	
2. FEC IDENTIFICATION NUMB	ER ▼	CITY ▲		s	TATE A	ZIP CO	DE 🛦
C 00565010		3. IS THIS REPORT	1 🗸 ; ;	EW N) OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	(<u> </u> ;	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Elect Report for	ion 🖃	Primary (12P) Convention (1	(<u>1</u> -	General (المنا	Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Day	Election on	/ / / / / / / / / / / / / / / / / / /	0 - 0 /	Y	in the State o	f
Report (Non-election Year Only) (MY) Termination Report (TER)	POST-Elec Report for	('-)	General (30G		Runoff (3		Special (30S)
5. Covering Period 10 '01 '2014' through 11' '24' '2014'							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ross V Scalife							
Signature of Treasurer NOTE: Submission of false, erroneous	or incomplete into	armation may aut	hight the nere		ate C/	' O' '	2015
Office Use Only	, or incomplete into	mauori may sui	Ject the pers	on signing this	s neport to th	FEC FOR Rev. 12/20	м зх